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ABSTRACT

In 1984, Maine established the Task Force on Special Education and Chemical Dependency, which developed a report recommending, in part: collaboration between special education and local alcohol and drug abuse prevention programs; training for general and special education staff; and development of a vehicle for identification, assessment, referral, and follow-up of students with chemical dependency-related problems. A 3-year plan was developed to implement the recommendations, resulting in the creation of the Task Force on Affected Children, which issued a report making recommendations in seven areas: public education and awareness, communication between schools and treatment agencies, parental involvement, identification and assessment, models/approaches, confidentiality, and funding. A Special Education Advisory Team on Chemical Dependency was also formed to support and facilitate education and awareness of chemical dependency in the schools and training in the roles and responsibilities of special educators. The Team also assists in the implementation of the Special Education/Chemical Dependency Phase I model, which is a conceptualized process model for working with and managing at-risk students. The Team accepts referrals concerning at-risk students, identifies their self-destructive behaviors, and recommends and documents appropriate intervention strategies. (JDD)

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Cooperation Between the Division of Special Education and Division of Alcohol and Drug Education Services

By Sharon C. Rice

Augusta, ME — In January of 1989 Governor John R. McKernan, Jr., announced the Maine Aspirations Compact report, "Helping Children Succeed: Strategies for Increasing the Aspirations of Maine's Youth." He stated, "There can be no more important priority than the education of youth to achieve their fullest potential as individuals and citizens. Facing a rapidly evolving future, our children must aspire to direct and shape that future."

Following the Governor's lead, Commissioner Eve M. Bither, Maine Department of Educational and Cultural Services, in the Department's Services Stategic Plan report, established as one of the six major goals for 1989, "increased student opportunities and performances," with an objective of increasing the percentage of Maine's secondary students who graduate from high school to 90% in five years.

The Division of Special Education and the Division of Alcohol and Drug Education Services are cooperating to address children's at-risk issues. Some children are placed at risk of dropping out of school because of substance use, abuse and dependency including students enrolled in special education programs. Their potential will not be actualized without effective prevention/intervention strategies. Both Divisions are involved in developing a process which will provide effective management of these issues.

TASK FORCE ON SPECIAL EDUCATION AND CHEMICAL DEPENDENCY

In 1984, the Divisions of Special Education and Alcohol and Drug Education Services, under the direction of David Noble Stockford and Carl D. Mowatt (Maine Department of Educational and Cultural Services) jointly established a Task Force on Special Education and Chemical Dependency, which convened in February 1985. The Task Force was asked to examine such issues as: lack of statutory or regulatory language concerning these issues; lack of guidelines for differentiating between special education needs of students and chemical dependency treatment needs; and need for clarification of the relationship between special education and treatment of chemical dependency. The Task Force was also asked to help the Divisions to:

- Develop working definitions (in educational terms) for affected children, chemically dependent students, and guidelines and criteria for identifying them;
- Recommend school procedures for distinguishing between chemical dependency treatment needs and special education needs;
- Recommend school procedures to facilitate a more accurate diagnosis and treatment plan for chemically dependent and affected students;
- Identify community and school resources for meeting the treatment and educational needs of chemically dependent or affected children, with definitions of responsibility for providing services; and
- Determine any needed changes in present legislation in order to deal with the educational needs of chemically dependent and affected students.

The Task Force published its report in May 1986. In summary, its recommendations covered:

1. Collaboration between special education and local comprehensive alcohol and drug abuse prevention programs;
2. Development of local policy and procedures for dealing with students who have chemical dependency related problems;
3. Development of a vehicle for identification, assessment, referral, and follow-up of students with chemical dependency related problems;
4. Development of procedures in the special education identification process to deal with chemical dependency issues;
5. Collaboration between the two Divisions in providing training to general and special education staff in dealing with chemical dependency related issues; and
6. Development of a plan to work with the University of Maine to provide education to educators about chemical dependency issues, consistent with the training provided through the Division of Alcohol and Drug Education Services.

Although many of these recommendations could be implemented by providing information and training, several other issues emerged on which the Task Force suggested more research and study: (a) specialized treatment for populations with disabilities; (b) specialized curriculum materials for students with disabilities; (c)the Department's position on responding to students with Fetal Alcohol Syndrome or Fetal Alcohol Effects; and (d)assessment and referral of affected students (the school's role).

TASK FORCE ON AFFECTED CHILDREN

To implement the recommendations of the Chemical Dependency and Special Education Task Force, the Commissioner asked the Directors of the Division of Special Education and Division of Alcohol and Drug Education Services to develop a three-year plan, and authorized the employment of an Instructional Support Group Consultant to join the two Divisions in working on implementation. Goals were established, and the following questions and mutual concerns were established:

1. The disease of chemical dependency can affect the emotional, social, and intellectual well being of the child, with the imitation of a behavior disorder or learning disability often being assumed. However, neither federal nor state education regulations define clearly who is responsible or how to deal with chemically dependent or chemicaly affected children.
2. Maine's Special Education Regulations and Guidelines identify a student with "behavior handicap" as follows: "The child exhibits affective, reactive, and/or manipulative behavior(s) to a marked extent, and, over a significant part of the school day or year, that behavior significantly interferes with the child's learning or that of other children." Part of the struggle over who should help children in need is identifying whether the primary problem is related to the effects of living in a chemically dependent environment, or whether the problem is an emotional, learning, or behavioral disorder unrelated to chemical dependency.
3. Children who have been diagnosed as having Fetal Alcohol Syndrome or Effects seem to have many of the central nervous system disorders commonly associated with special education students. Hyperactivity, attention deficit disorders, and emotional disturbances can be manifestations of either diagnosis, as well as special education identifications.
4. With one of three children in Maine coming from a chemically dependent family, there appears to be no feasible way that special education can avoid serving affected children. Thus, issues arise around the identification and educational program planning for this population. With no federal or state special education guidelines to help schools decide how to distinguish these populations, how to plan for appropriate assistance for them, or identifying

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who should provide that assistance, it is understandable that school administrative units may differ in their approach to these students.

With these issues in mind, Instructional Support Group Consultant Nita Hollingsworth convened the Task Force on Affected Children in November 1986, composed of representatives of the two Divisions and from other state departments, service providers, and school personnel. The Task Force identified seven topics to study, developed problem statements for each, and set a schedule for developing recommendations. Its report, published in February 1988, covered findings and recommendations in seven topical areas. Its recommendations are summarized on the accompanying article.

SPECIAL EDUCATION ADVISORY TEAM ON CHEMICAL DEPENDENCY

A Special Education Advisory Team on Chemical Dependency has also been formed in Maine. Comprised of special education directors and teachers, a chemical health coordinator, a special education professor, and advisors from both Divisions, the team's intent is to support and facilitate (a)education and awareness of chemical dependency throughout all schools in the state, for all educators and administrators and (b)comprehensive training in the roles and responsibilities of special educators in the provision of programs and services to chemically dependent students. The team's philosophy, mission, goals and objectives have been documented. To carry out its mission, the team has recommended a new permanent position in the state department to coordinate a tri-departmental effort, including the Department of Human Services, the Department of Education and Cultural Services, and the Department of Mental Health and Mental Retardation.

The Team is also supporting and assisting in the implementation of the Special Education/Chemical Dependency Phase I model in selected school systems.

PHASE I MODEL

Four school systems (Eastport, Searsport, Windham, and Oxford Hills) have agreed to implement a conceptualized process model for working with and managing at-risk students; this model is known as the Student Assistance Team. The process parallels the Pupil Evaluation Team process in its concept of membership, function, and intervention strategies, without the legal constraints of Public Law 94-142. It is a general education process with a special education membership component. A special educator sits on the team as a consulting member to provide expertise as an individual educational program planner for at-risk students, using general education as the service provider.

The team accepts referrals from concerned persons, including parental and self referral, around any at-risk behaviors that are observed in or out of school The team identifies issues involving the student which could be self-destructive behaviors, including sexual, physical and emotional abuse; absenteeism becoming truancy; chemical use, abuse, dependency/affectedness; chronic neglect; sexuality issues, including pregnancy; and school failure. Several of these issues may encompass one student.

The Student Assistance Team recommends and documents appropriate intervention strategies both in and out of school, using relevant community medical, mental health, and law enforcement agencies. Parents are informed and involved in an ongoing individualized educational program and in the Student Assistance Team process.

The Student Assistance Team is a viable process for providing a workable structure for cooperation among all educators, health professionals, and social service agencies around issues of chemical use, abuse, dependency, affectedness, and the resulting consequences and issues. A referral to special education's Pupil Evaluation Team should be based on learning behaviors, indicating the need for further intervention and related to the child's educational program. A referral to the Pupil Evaluation Team could be made for the non-special-education student whose involvement with chemicals would indicate learning disabilities and behavioral impairments after treatment and a reasonable recovery period. Until a student's use of substances is terminated and the student is treated, education is futile. Only after a Student Assistance Team has intervened and the child has received treatment can any kind of verity be attached to documentation of apparent learning behaviors. If an already diagnosed special-needs child becomes involved in chemical use, abuse, dependency, and/or affectedness, those issues need to be addressed by the Pupil Evaluation Team with the involvement of appropriate adjunct participants. Membership across the Student Assistance Team and Pupil Evaluation Team is important in assisting pupils who may need access to both processes.

CONCLUSION

Results of a recent statewide survey of randomly selected students (conducted by the Division of Alcohol and Drug Education Services) indicate that 15.9 percent of the sample were currently diagnosed special education students who are affected by substance use, abuse, and dependency in their homes. Special education already serves these students, and many special educators need more education and awareness about these issues, especially how to identify and refer at-risk students to helping persons and agencies for professional intervention.

Chemical health issues need to be addressed educationally in special education curricular, and with parents of special students. Our special educators need additional training, guidelines, and resources in these areas, and we are beginning this process in Maine

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MAINE'S TASK FORCE ON AFFECTED CHILDREN

Summarized Recommendations

PUBLIC EDUCATION AND AWARENESS

★ The Department of Educational and Cultural Services should assume leadership in working with other state departments to develop and implement a media campaign to heighten public awareness of the effects of familial alcohol abuse on children.

★ In conjunction with the first recommendation, the Division of Alcohol and Drug Education Services should develop an information packet on the extent of chemical abuse problems and their impact for the general public, school system, and service providers.

COMMUNICATION BETWEEN SCHOOLS AND TREATMENT AGENCIES

★ The Department of Educational and Cultural Services should work with public and private service providers and school systems to develop a protocol for communication that should: (a) coordinate inservice systems between schools and service providers regarding each other's roles: (b) develop a common language understood by schools and service providers (including an understanding that a dual diagnosis of disability and chemical dependency may exist); and (c) establish and identify professionals within each system who will receive information and coordinate services for affected children. Every school system in the state should have a Chemical Health Coordinator whose duties include coordinating services for the affected child.

★ The Department should take leadership in working with other state agencies to establish community-based support systems for professionals from schools and agencies who work with affected children.

PARENTAL INVOLVEMENT

★ The Department of Educational and Cultural Services should work the Department of Mental Health and Mental Retardation, Department of Human Services, Department of Corrections, mental health service providers, and the schools to assure that training is provided to parents of affected children, to increase parents' awareness of their own issues around alcohol and other chemicals, and to improve parenting skills.

★ The Department of Educational and Cultural Services should work with other agencies to assure that community services, such as support groups, exist for parents of affected children.

★ State agencies that provide services to children and their parents should develop and provide educational programs in parenting skills, chemical dependency and its effects on the family, and networks of homes where children can go in their own community when they feel they are in jeopardy.

★ The Department of Educational and Cultural Services should expand its efforts to inform parents of the effects of parental chemical use and/or abuse on children.

★ Since the Division of Alcohol and Drug Education Services is presently promoting parent involvement through its *Children Are People* curriculum and its Safe Home Network, it is recommended that they continue these efforts and work with other state agencies to expand the scope of programs.

★ The Department of Educational and Cultural Services should develop guidelines for school personnel on effective intervention with parents of affected children.

★ The Department of Educational and Cultural Services should work with other departments to develop a mechanism for sharing client information when dealing with affected children.

★ The Department should also work with other agencies to develop common guidelines and procedures for working with parents of affected children.

★ The Department of Educational and Cultural Services should work with other state agencies to inform parents on the effects of chemical use on children.

★ The Department should encourage other agencies who deal with parents of affected children to establish networks for sharing information on clients they have in common.

IDENTIFICATION AND ASSESSMENT

★ The Department of Educational and Cultural Services should work with the university system to incorporate education on working with affected children in preservice programs. Undergraduate work should be required in education, mental health, juvenile justice, health occupations, and social services.

★ The Department of Educational and Cultural Services should develop model policies for early identification of affected children, with direct technical assistance to school systems for implementing these policies.

★ The Department should expand its own inservice activities to include programs which assist school staff in early identification of affected children. Particular attention should be focused on characteristics of the overachiever and/or gifted and talented student who may be affected.

★ The Department should intensify its education efforts on the availability of assessment tools for affected children, and the appropriate use and professional qualifications for administration of these tools.

★ The Department should work with or provide technical assistance to appropriate school personnel on ways to include screening for affectedness in routine educational assessments.

★ The Department should increase its efforts concerning the dissemination of information about availability and specific use of these tools for assessing affectedness.

★ The Department should recommend to the Governor that a multidisciplinary task force be established to develop a model(s) that would provide training to multidisciplinary groups of professionals in recognizing the characteristics of affected children and using identification and assessment tools. This model should be disseminated statewide.

★ The Department should encourage schools to increase the emphasis, in educational programs for students K-12, on the unhealthy use of alcohol.

★ The Department of Educational and Cultural Services and the Department of Human Services should work cooperatively to support the development of additional resources for affected children.

★ The Department of Educational and Cultural Services should provide additional education to school personnel to strengthen their understanding of the full range of services which may be needed by affected children.

★ The Departments of Educational and Cultural Services and Human Services should increase their efforts to inform school systems about the available resources for affected children.

MODELS/APPROACHES

★ The Department of Educational and Cultural Services should require individuals seeking Maine teacher certification to receive preservice training in chemical dependency which includes instruction on the needs of affected children.

★ The Department should require that school administrative units provide all administrators with coursework and/or inservice training in chemical dependency and related issues, including problems of affected children.

★ The Division of Alcohol and Drug Education should continue to expand its services for training school personnel in areas of chemical dependency and the development of comprehensive programs.

★ The Division of Alcohol and Drug Education should continue to provide inservice training for school personnel to understand chemical dependency, curriculum development, and support group implementation. Funds should be allocated for the development of programs and services for affected children.

★ The Department of Educational and Cultural Services should expedite the development of certification standards for the position of Chemical Health Coordinators.

★ The Department should develop a funding mechanisms to assist schools with the initial employment of Chemical Health Coordinators.

★ The Department should require that drug and alcohol education within health should include instruction on chemical dependency and issues related to affected children.

★ Secondary educators, administrators, and guidance counselors must have a better understanding of the disease of chemical dependency, including the affected adolescent.

★ School administrative units should develop policies, implement curriculum, and design support systems which will address the needs of affected adolescents, as well as students who are using and abusing chemicals.

★ The Department should coordinate efforts with the university system to include coursework about the disease of chemical dependency and affected children for administrators, teachers, and guidance counselors.

★ The Division of Special Education, in conjunction with the Division of Alcohol and Drug Education Services, should develop an action plan to improve the education of special educators concerning the disease of chemical dependency and affected children.

★ The Department of Human Services should take the lead role in developing guidelines to be used by schools, treatment providers, and mental health agencies for releasing information to appropriate persons and/or agencies. Standards should address these issues: (a) children must know that they are protected from parental reaction to their disclosure; (b) children must know that, if they are endangered by the chemically dependent environment, it must be reported; (c) before treatment providers, agencies, and schools share information, they need to assess the level of support available to the affected child.

CONFIDENTIALITY

★ The Department of Educational and Cultural Services should work with school systems to develop policies for student services which maintain the necessary confidentiality, while involving parents in critical decision making.

★ The Department should work with treatment providers to establish rules and procedures for working within the schools.

★ The Department should work with other departments to provide inservice training for treatment providers and schools on issues and regulations regarding confidentiality, particularly as it applies to affected children.

★ The Department should develop a model contract agreement which school systems could use when utilizing outside consultants, to include: responsibilities of both parties regarding limits of confidentiality; expectations that the consultants will work with the school's Student Assistance Team; and responsibility to report to the administration any activity that puts students in jeopardy and at risk; and a mechanism for monitoring and resolving problems.

★ The Department should work with school systems to develop policies, procedures and training regarding parental notification for those individuals who work with affected children.

FUNDING

★ With regard to the Drug Free Schools and Communities Act of 1986, the Department of Educational and Cultural Services should recommend that 33 percent of the money for which the Governor's office is responsible be allocated for the development of programs and services for affected children. The Department should also require, in applications for these funds, that school administrative units identify services and/or programs for affected children in order to have local plans approved for funding.

★ The Department of Educational and Cultural Services should take the initiative to assure that at least 25 percent of the Alcohol Premium funds are used to provide services for, and educational programs on, affected children.

★ The Department should identify present funding sources and take leadership in seeking future sources to assist schools and communities in providing additional educational services for affected children.

★ The Department should work with other state agencies to assure that educational programs are provided for insurance carriers on: characteristics of affected children; needs of affected children; and types of services required by affected children.

★ The Department should work with other state agencies to propose legislation that would require insurance carriers to provide coverage for the following services: counseling/therapy (individual and family); home care (including visitations, instruction, and follow-up).

★ Insurance companies should develop consistent terminology concerning the identification of treatment services for affected children.